Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

January 17, 2024

[redacted]
THE COMMUNITY AT ROCKHILL
[redacted]

RE: THE COMMUNITY AT ROCKHILL
3250 STATE ROAD
SELLERSVILLE, PA, 18960
LICENSE/COC#: 12687

[redacted] ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE COMMUNITY AT ROCKHILL* **License #**: *12687* **License Expiration**: *04/02/2024*

Address: *3250 STATE ROAD, SELLERSVILLE, PA 18960*

County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *THE COMMUNITY AT ROCKHILL*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *03/01/2012* **Issued By**: *West Rockhill Township*

Staffing Hours

Resident Support Staff: *42* **Total Daily Staff**: *89* **Waking Staff**: *67*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *11/13/2023*

Inspection Dates and Department Representative

11/13/2023 - On-Site: Youn Hie Chung, Deborah Kwak

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* **Residents Served**: *47*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: [redacted]

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *47*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

11/13/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/14/2023*

Inspections / Reviews *(continued)*

12/14/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/05/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *01/05/2024*

01/17/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *01/05/2024*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at [redacted] the nurse's station on the 1st floor was unlocked with residents' charts unattended and accessible to anybody.

Plan of Correction ***Directed[redacted] 12/14/2023)***

All staff will be re-educated on the HIPPA policy during the next staff meetings scheduled for [redacted] and [redacted]. Staff will sign off on the form acknowledging the importance of keeping records confidential. The administrator and clinical coordinator will review during the staff meeting. Staff will keep door to nurses station closed at all times unless in the office.

Proposed Overall Completion Date: 12/19/2023

Directed Plan of Correction[redacted] 12.14.23)

- *In addition to the steps noted in this Plan of Correction, the administrator and clinical coordinator will conduct weekly random checks of the nurses station door to ensure it is closed when not attended, starting immediately and for the next 3 months..*

Directed Completion Date: *01/05/2024*

Implemented[redacted] - 01/17/2024)

141a - Medical Evaluation

2. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident[redacted] was admitted on [redacted]. However, there is no medical evaluation which was completed within 60 days prior to admission or within 30 days after admission of the resident on file.

Plan of Correction ***Directed[redacted] - 12/14/2023)***

An audit of the existing residents will be completed and a new DME Binder will be developed to keep all the evaluations organized and easy to access. The clinical coordinator will design the book to place all of the existing paperwork. DME will be included with application and/or contract. Resident of designee will be instructed to provide DME if not completed. Admitting Nurse will schedule an assessment upon admission. Administrator or Designee will check for accuracy.

Proposed Overall Completion Date: 02/01/2024

Directed Plan of Correction[redacted] 12/14/23)

141a - Medical Evaluation (continued)

- *Resident [redacted] DME will be completed by the residents primary care physician by [redacted]*
- *An audit of the existing residents will be completed and a new DME Binder will be developed to keep all the evaluations organized and easy to access, by the Clinical Coordinator by 12/30/23.*
- *The clinical coordinator will design the book to place all of the existing paperwork, by 1/5/24.*
- *DME will be included with application and/or contract, by the marketing coordinator, starting immediately.*
- *Resident of designee will be instructed to provide DME if not completed, prior to admission, starting immediately.*
- *Admitting Nurse will schedule an assessment upon admission. Administrator or Designee will check for accuracy.*
- *The clinical coordinator will audit resident DME's at least bi-annually to ensure they are completed timely, starting immediately.*

Directed Completion Date: *01/05/2024*

Implemented [redacted] - 01/17/2024)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] medical evaluation dated [redacted] did not include (4) Special health or dietary needs and (6) Immunization history.

Plan of Correction ***Directed [redacted] - 12/14/2023)***

An audit of the existing residents will be completed and a new DME Binder will be developed to keep all the evaluations organized and easy to access. The clinical coordinator will design the book to place all of the existing paperwork. Clinical coordinator or nurse designee will thoroughly review DME after completion to ensure accuracy. If inaccuracy is determined provider will be contacted and DME will be updated.

Proposed Overall Completion Date: 02/01/2024

Directed Plan of Correction [redacted] 12/14/23)

- *Resident [redacted] DME will be completed by the residents primary care physician by [redacted], to include all of the required elements of this regulation.*
- *An audit of the existing residents will be completed and a new DME Binder will be developed to keep all the*

141a 1-10 Medical Evaluation Information (continued)

evaluations organized and easy to access, by the Clinical Coordinator by 1/5/24.

- *The clinical coordinator will design the book to place all of the existing paperwork, by 1/5/24.*
- *DME will be included with application and/or contract, by the marketing coordinator, starting immediately.*
- *The clinical coordinator will review all newly completed DME's upon receipt. and bi-annually, to ensure all required elements are completed, starting immediately.*

Directed Completion Date: *01/05/2024*

Implemented [redacted] - 01/17/2024)

141b1 - Annual Medical Evaluation

4. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]
Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted].
Resident [redacted] most recent medical evaluation was completed on [redacted]. No annual medical evaluations were on file.
Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted].

Plan of Correction ***Directed [redacted] 12/14/2023)***

An audit of the existing residents will be completed and a new DME Binder will be developed to keep all the evaluations organized and easy to access. The clinical coordinator will design the book to place all of the existing paperwork. A system will be implemented based on date of the last evaluation to alert Clinical Coordinator a month prior to DME due date. At that time an appointment will be scheduled for evaluation.

Proposed Overall Completion Date: 02/01/2024

Directed Plan of Correction [redacted] 12/14/23)

- *Resident [redacted] and [redacted] DME;s will be completed by the residents primary care physician by [redacted], to include all of the required elements of this regulation.*
- *An audit of the existing residents will be completed and a new DME Binder will be developed to keep all the evaluations organized and easy to access, by the Clinical Coordinator by 1/5/24.*
- *The clinical coordinator will design the book to place all of the existing paperwork, by 1/5/24.*
- *DME will be included with application and/or contract, by the marketing coordinator, starting immediately.*
- *The clinical coordinator will schedule all annual DME's at least one month prior to due date, to ensure the DME is completed annually, starting immediately.*
- *The clinical coordinator will review all newly completed DME's upon receipt. and bi-annually, to ensure all required elements are included and are completed timely, starting immediately.*

Directed Completion Date: *01/05/2024*

Implemented [redacted] - 01/17/2024)

141b1 - Annual Medical Evaluation *(continued)*

183d - Prescription Current

5. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted], [redacted] prescribed for resident [redacted] was in the home's medication cart; however, the medication was discontinued on [redacted].

Plan of Correction ***Directed[redacted] - 12/14/2023)***

An audit of all the med carts will be completed by [redacted] An in service will be completed to update the staff on removing medications when discontinued and having monthly medication cart audits. This will be assigned to the overnight nursing supervisor, and med techs.

Proposed Overall Completion Date: 01/12/2024

Directed Plan of Correction [redacted] 12/14/23)

- *The clinical coordinator removed the medication immediately from the med cart on the day of inspection, 11/13/23.*
- *An audit of all the med carts will be completed by 1/5/24 by the overnight nursing supervisor and med techs.*
- *An in service will be completed to update the staff on removing medications when discontinued and the monthly medication cart audits, by the clinical coordinator by 12/30/23.*
- *The ongoing auditing will be assigned to the overnight nursing supervisor, and med techs, starting immediately.*
- *The administrator or clinical coordinator will discuss medication issues monthly with the med techs and nursing staff for the next three months. A copy of the agenda and sign in sheet will be maintained for the Departments review.*

Directed Completion Date: *01/05/2024*

Implemented[redacted] - 01/17/2024)

184a - Resident's Meds Labeled

6. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident [redacted] order is every 12 hours as needed; however, the pharmacy label for this medication read 'Apply to under breasts topically one time a day for antifungal.' There is no direction change sticker on the bottle.

Plan of Correction ***Directed[redacted] - 12/14/2023)***

An audit of all the med carts will be completed by 1/12/24. An in service will be completed to update the staff on

184a - Resident's Meds Labeled (continued)

removing medications when discontinued and having monthly medication cart audits. This will be assigned to the overnight nursing supervisor and med techs.

Proposed Overall Completion Date: 01/12/2024

Directed Plan of Correction [redacted] 12/14/23)

- *The clinical coordinator attached the instructions to the medication immediately on the day of inspection, 11/13/23.*
- *An audit of all the med carts will be completed by 1/5/24 by the overnight nursing supervisor and med techs.*
- *An in service will be completed to update the staff on removing medications when discontinued, updating MAR's and labeling medications and the monthly medication cart audits, by the clinical coordinator by 12/30/23.*
- *The ongoing auditing will be assigned to the overnight nursing supervisor, and med techs, starting immediately.*
- *The administrator or clinical coordinator will discuss medication issues monthly with the med techs and nursing staff for the next three months. A copy of the agenda and sign in sheet will be maintained for the Departments review.*

Directed Completion Date: *01/05/2024*

Implemented [redacted] - 01/17/2024)

185b - Medication Procedures

7. Requirements

2600.
185.b. At a minimum, the procedures must include:

Description of Violation

Resident [redacted] was prescribed [redacted] tab once daily. The controlled substance log for this medication reached 0 balance on [redacted] at [redacted] The resident passed away on [redacted] and the resident's August medication administration record (MAR) shows that this medication was last administered on [redacted] at [redacted]. However, there is no additional controlled substance log for this medication (showing [redacted] signed out between [redacted] and [redacted] and [redacted] disposed by [redacted] witnesses) on file.

Plan of Correction ***Directed [redacted] - 12/14/2023)***

Upon a residents death, discharge or admission to another facility all medications will be removed from medication carts immediately. Controlled medications will be destroyed with two qualified staff, and controlled medications count sheet will be filed in residents chart. Nurses alerted via email and will be educated on this at staff meetings on [redacted] and [redacted].

Proposed Overall Completion Date: 12/19/2023

Directed Plan of Correction [redacted] 12/14/23)

- *Resident [redacted] medication was destroyed but did not maintain a copy of the controlled medication log.*
- *Starting immediately, upon a residents death, discharge or admission to another facility all medications will*

185b - Medication Procedures (continued)

be removed from medication carts immediately.

- *Controlled medications will be destroyed with two qualified staff, and controlled medications count sheet will be filed in residents chart. Nurses alerted via email and will be educated on this at staff meetings on 12/19/2023 and 12/20/2023.*
- *The night licensed staff and/or med tech will audit controlled medication log to ensure it matches controlled medication, monthly, starting immediately.*
- *The clinical coordinator will conduct random audits of the controlled medication count sheet to ensure it matches the medications prescribed for current residents, at least monthly, starting immediately.*

Directed Completion Date: *01/05/2024*

Implemented [redacted] - 01/17/2024)

187b - Date/Time of Medication Admin.

8. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident[redacted] is prescribed [redacted] at bedtime. The resident's October MAR does not include the initials of the staff person who administered it on [redacted] and [redacted].

Plan of Correction ***Directed [redacted] - 12/14/2023)***

The med tech and nurse who did not sign out the medication received verbal counseling. Periodic reviews of medication records will be performed by nurse supervisors, Clinical Coordinator and med tech trainers. Department of Human Services was notified on 11/17/23. The two staff involved were re-educated on medication administration. The medication trainer will join the next staff meetings to review medication management with the team on 12/19/23 and 12/20/23. The medication trainers will continue to have observations throughout the year.

Proposed Overall Completion Date: 01/15/2024

Directed Plan of Correction [redacted] 12/14/23)

- *The med tech and nurse who did not sign out the medication received verbal counseling, on 11/13/23.*
- *Periodic reviews of medication records will be performed by nurse supervisors, Clinical Coordinator and med tech trainers, starting immediately.*
- *Department of Human Services was notified on 11/17/23. The two staff involved were re-educated on medication administration by the clinical coordinator.*
- *The medication trainer will join the next staff meetings to review medication management with the team on 12/19/23 and 12/20/23. The medication trainers will continue to have observations throughout the year.*
- *The administrator or clinical coordinator will discuss medication issues at the monthly staff meetings, starting immediately, for the next three months. Copies of the agenda and staff sign in sheets will be maintained for the Departments review.*

Directed Completion Date: *01/05/2024*

Implemented [redacted] - 01/17/2024)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribe[redacted] at bedtime. However, the resident was administered this medication twice on 10/27/2023.

Plan of Correction ***Directed [redacted] - 12/14/2023)***

Department of Human Services was notified on 11/17/23. The two staff involved were re-educated on medication administration. The medication trainer will join the next staff meetings to review medication management with the team on 12/19/23 and 12/20/23. The medication trainers will continue to have observations throughout the year.

Proposed Overall Completion Date: 01/15/2024

Directed Plan of Correction [redacted] 12/14/23)

- *The med tech and nurse who did not follow the physician orders received verbal counseling, on 11/13/23, by the administrator and clinical coordinator.*
- *Periodic reviews of medication records will be performed by nurse supervisors, Clinical Coordinator and med tech trainers, starting immediately.*
- *Department of Human Services was notified on 11/17/23. The two staff involved were re-educated on medication administration by the clinical coordinator.*
- *The medication trainer will join the next staff meetings to review medication management with the team on 12/19/23 and 12/20/23. The medication trainers will continue to have observations throughout the year.*
- *The administrator or clinical coordinator will discuss medication issues at the monthly staff meetings, starting immediately, for the next three months. Copies of the agenda and staff sign in sheets will be maintained for the Departments review.*

Directed Completion Date: *01/05/2024*

Implemented[redacted] - 01/17/2024)

224a - Preadmission Screen Form

10. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.
Repeat Violation: 03/17/2023

Plan of Correction ***Directed [redacted] - 12/14/2023)***

An audit will be done of all the charts to update whether the resident participated, refused, or was unable to participate in the support plan. This will be reviewed by the clinical coordinator, nursing supervisor and/or the administrator/designee.

224a - Preadmission Screen Form (continued)

Proposed Overall Completion Date: 03/01/2024

Directed Plan of Correction [redacted] 12/14/23)

- *Resident [redacted] pre-admission screening was updated to indicate the home can meet the residents needs, by the clinical coordinator by 12/14/23.*
- *An audit will be done of all the charts to update whether the resident participated, refused, or was unable to participate in the support plan by the clinical coordinator or the administrative assistant, by 1/5/24.*
- *This will be findings of the audit will be reviewed by the clinical coordinator, nursing supervisor and/or the administrator, by 1/5/24.*
- *The clinical coordinator or administrative assistant will monitor all resident charts at least bi-annually, starting immediately.*

Directed Completion Date: *01/05/2024*

Implemented[redacted] - 01/17/2024)

227d - Support Plan Medical/Dental

11. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment and support plans (RASPs) for resident [redacted] dated [redacted] and [redacted], do not indicate the resident's need for dental, vision, hearing, mental health or other behavioral care services. These sections are not completed.

Plan of Correction ***Directed[redacted] - 12/14/2023)***

An audit will be done of all the charts to update whether the resident participated in the support plan by making sure all the appropriate documents are checked off in the support plan. This will be reviewed by the clinical coordinator, nursing supervisor and/or the administrator/designee.

Proposed Overall Completion Date: 03/01/2024

Directed Plan of Correction [redacted] 12/14/23)

- *Resident [redacted]s RASP will be updated by the clinical coordinator by 1/5/24.*
- *An audit will be done of all the charts to update whether the resident participated in the support plan by making sure all the appropriate documents are checked off in the support plan, by the clinical coordinator or administrative assistant, by 1/5/24.*
- *The clinical coordinator or administrative assistant will conduct bi-annual audits of all resident records to ensure the RASP are complete and signed, starting immediately.*

Directed Completion Date: *01/05/2024*

Implemented[redacted] - 01/17/2024)

227g -Support Plan Signatures

12. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.
Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.
Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.
Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction ***Directed [redacted] 12/14/2023)***

An audit will be done of all the charts to update whether the resident participated in the support plan by making sure all the appropriate documents are checked off in the support plan. This will be reviewed by the clinical coordinator, nursing supervisor and/or the administrator/designee.

Proposed Overall Completion Date: 03/01/2024

Directed Plan of Correction [redacted] 12/14/23)

- *Resident [redacted] and [redacted] RASP will be reviewed with the residents to provide the residents the opportunity to participate and sign their RASP or refuse their RASP by [redacted] and updated by the clinical coordinator by 1/5/24.*
- *An audit will be done of all the charts to update whether the resident participated in the support plan by making sure all the appropriate documents are checked off in the support plan, by the clinical coordinator or administrative assistant, by 1/5/24.*
- *The clinical coordinator or administrative assistant will conduct bi-annual audits of all resident records to ensure the RASP are complete and signed, starting immediately.*

Directed Completion Date: *01/05/2024*

Implemented [redacted] - 01/17/2024)